Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under: ☐ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HIGHT ENTERPRISES, LTD. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

HIGHT ENTERPRISES, LTD.

PAUL GOMEZ

2525 ARAPAHOE
BOULDER, CO 80302

2525 ARAPAHOE
BOULDER, CO 80302

2b Employer Identification Number (EIN)
84-0572205

2c Sponsor's telephone number
303-443-1822

2d Business code (see instructions)
444130

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/02/2013	PAUL GOMEZ, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
RICK WAIDLER

R. WAIDLER & ASSOCIATES, P.C.

3005 CENTER GREEN DRIVE, SUITE 215
BOULDER, CO 80301

Preparer's telephone number (optional)
303-442-6800

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	253
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	222
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	235
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	121
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2H 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[ ]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[ ]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
HIGHT ENTERPRISES, LTD. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEE ATTACHED SCHEDULE

b Name of sponsor of entity listed in (a): SEE ATTACHED SCHEDULE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-0000000-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

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b Name of sponsor of entity listed in (a):

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b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
HIGHT ENTERPRISES, LTD. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHT ENTERPRISES, LTD.

D Employer Identification Number (EIN)
84-0572205

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2936	3124
(2) Participant contributions	1b(2)	11704	13637
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2950	528
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	98482	77248
(9) Value of interest in common/collective trusts	1c(9)	1004206	1013703
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5550053	6123296
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6670331	7231536
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6670331	7231536

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	76646	
	(B) Participants	2a(1)(B)	373196	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		449842
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3480	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3480
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	178071	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		178071
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15071
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		543038
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1189502
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	628007	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		628007
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-941
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	133	
(4) Other	2i(4)	1098	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1231
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		628297
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		561205
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: R.WAIDLER & ASSOCIATES, P.C. **(2)** EIN: 59-3778413

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

R. Waidler & Associates, PC
Certified Public Accountants

3005 Center Green Drive, Suite 215
Boulder, CO 80301
303-442-6800
Fax 303-442-1435

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Hight Enterprises, Ltd.
401(k) Savings Plan
Boulder, Colorado

We were engaged to audit the financial statements of Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") as of December 31, 2012 and 2011, and for the year ended December 31, 2012 and the supplemental schedule as of and for the year ended December 31, 2012, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Fidelity Management Trust Company holds the Plan's participant-directed assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

R. WAIDLER & ASSOCIATES, P.C.

R Waidler & Associates, P.C

November 15, 2013
Boulder, Colorado

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Financial Statements with Accompanying Auditors' Report

December 31, 2012

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R. Waidler & Associates, PC
Certified Public Accountants

3005 Center Green Drive, Suite 215
Boulder, CO 80301
303-442-6800
Fax 303-442-1435

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Hight Enterprises, Ltd.
401(k) Savings Plan
Boulder, Colorado

We were engaged to audit the financial statements of Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") as of December 31, 2012 and 2011, and for the year ended December 31, 2012 and the supplemental schedule as of and for the year ended December 31, 2012, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Fidelity Management Trust Company holds the Plan's participant-directed assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

R. WAIDLER & ASSOCIATES, P.C.

R Waidler & Associates, P.C

November 15, 2013
Boulder, Colorado

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

	2012	2011
Assets:		
Investments, at fair market value:		
Money market fund	$ 528	$ 2,950
Common collective trusts	1,013,703	1,004,206
Mutual funds	6,123,296	5,550,053
Total Investments	7,137,527	6,557,209
Receivables:		
Participant loans	77,248	98,482
Participant contributions	12,014	10,437
Roth elective deferrals	1,623	1,267
Employer matching contributions	3,124	2,936
Total Receivables	94,009	113,122
Total Assets	7,231,536	6,670,331
Net Assets Available for Benefits	**$ 7,231,536**	**$ 6,670,331**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the year ended December 31, 2012

Additions to Net Assets Available for Benefits Attributed to:	
Investment Income -	
Net appreciation (realized and unrealized) in fair value of investments	$ 558,109
Interest and dividend income	181,531
Total Investment Income	739,640
Contributions -	
Participants' elective deferrals	329,274
Participants' Roth elective contributions	43,922
Employer's matching contributions, net of forfeitures	76,646
Total Contributions	449,842
Total Additions	1,189,482
Deductions from Net Assets Available for Benefits Attributed to:	
Benefits paid to participants	628,007
Post-default participant loan payments	(961)
Administrative expenses	1,231
Total Deductions	628,277
Increase in Net Assets Available for Benefits	561,205
Net Assets Available for Benefits:	
Beginning of Year	6,670,331
End of Year	**$ 7,231,536**

See accompanying *Notes to Financial Statements.*

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Notes to Financial Statements
December 31, 2012

NOTE 1: DESCRIPTION OF PLAN

Hight Enterprises, Ltd. (the "Sponsor or "Company") has established the Hight Enterprises, Ltd. 401(k) Savings Plan (the "Plan") for its employees. The following brief description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering substantially all employees of the Company who have completed six months of service (as defined) and have attained the age of twenty-one or older. Eligible employees can become participants on the first day of each calendar quarter, after satisfying the minimum age and service requirements. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 ("ERISA").

Plan Administration
The Plan is administered by the Sponsor. Fidelity Workplace Services LLC is the Plan's third-party administrator. Fidelity Management Trust Company is the trustee and custodian for all Plan investments (herein referred to as "Trustee" or "Custodian").

Contributions
Contributions are made at the election of the employee. Subject to certain limitations prescribed by the Internal Revenue Code, election amounts may be between two percent and 100 percent of the employee's compensation. The Company will match one hundred percent of the employee's deferral contribution for the first two percent of employee compensation contributed. The Company also may elect to contribute a discretionary amount to the Plan, determined annually by the Board of Directors.

Participants' Roth Elective Contributions are allocated to a separate account maintained by the Plan. Gains, losses, and other earnings, credits or charges are separately allocated on a reasonable and consistent basis to each participant's Roth Elective Contribution Account and the participant's other accounts under the Plan. Direct rollovers to another Roth Elective Contribution Account or Roth IRA are allowed only to the extent the rollover is permitted under the rules of Code sec. 402(c). In addition, the Plan will accept rollover contributions from a Roth Elective Contribution Account or Roth IRA under the same IRS Code section.

NOTE 1: DESCRIPTION OF PLAN *(continued)*

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Any discretionary contribution made by the Company will be allocated based upon the ratio of an employee's compensation to total compensation of all participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants may direct the investment of their account balances into various investment funds offered by the Plan.

Vesting
Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant becomes 100% vested after five years of credited service. As of December 31, 2012, the Company's matching and discretionary contributions were subject to the following schedule:

Full Years of Service	Percentage Vesting
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Payment of Benefits
On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annuity payments over a fixed period of time.

Withholding Taxes
The Plan is required to withhold 20% of distributions not directly transferred to another qualified plan or IRA account. These funds are then remitted to the Internal Revenue Service.

Forfeitures
Forfeitures from non-vested participant accounts are used to reduce future Company contributions. As of December 31, 2012 and 2011, forfeited non-vested account balances totaled $528 and $2,950, respectively. For the year ended December 31, 2012, $3,558 was used to reduce the Company's contributions.

NOTE 1: DESCRIPTION OF PLAN *(continued)*

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 3.25% to 8.25%. Principal and interest is paid ratably through bi-weekly payroll deductions.

Administrative Expenses
Non-investment costs and administrative expenses of the Plan are paid by the Company, which is a party-in-interest. These expenses, which are not reflected in the accompanying financial statements, constitute exempt party-in-interest transactions under ERISA. Loan establishment, loan maintenance and short-term trading fees are paid by the Plan's participants and all other investment expenses are offset against the related investment income. Fees paid by the Plan participants to the Custodian for administrative expenses amounted $1,231 and $1,372, respectively, for the years ended December 31, 2012 and 2011.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Presentation
The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Impact of Recently Issued Accounting Pronouncements
In May, 2011, the FASB issued new accounting guidance to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards. The new guidance changes certain fair value measurement principles and enhances the disclosure requirements particularly for level 3 fair value measurements.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES *(continued)*

Investment Valuation and Income Recognition
The Plan holds investments in registered investment companies (mutual funds), a common collective trust, and a money market fund. Mutual funds are stated at fair value based on the quoted market price of the funds at year-end. The investment in the common collective trust is stated at net asset value as determined by the trustee at the end of the Plan year except when holding fully benefit-responsive investment contracts as described below. The money market fund is valued at cost which approximates fair market value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Wells Fargo Stable Value Portfolio, a common collective trust, has entered into fully benefit-responsive investment contracts to provide preservation of principle, maintain a stable interest rate, and provide liquidity at contract value for participant withdrawals and transfers. For purposes of the Statements of Net Assets Available for Benefits, these investments are stated at fair value rather than contract value, to the extent that they are fully benefit-responsive. The fair value of these investments is determined using the market price of the underlying securities and the value of the investment contract.

Net Appreciation (Depreciation) in Fair Value of Investments
Realized and unrealized appreciation (depreciation) in the fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day the investments are sold with respect to realized appreciation (depreciation), or the last day of the year for unrealized appreciation (depreciation).

Risks and Uncertainties
The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Participant Distributions
Benefits paid to participants are recorded when paid.

NOTE 3: INVESTMENTS

Unaudited Information Certified by the Plan Trustee
The December 31, 2012 and 2011 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2012, the accompanying notes to the financial statements, and supplemental schedule were prepared in part or entirely from information certified by the Trustee in accordance with 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The following investments that represent 5% or more of the Plan's net assets at December 31, 2012 and 2011:

	2012	2011
Mutual Funds	$ 6,123,296	$ 5,550,053
Common Collective Trust	1,013,713	1,004,206

During 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value as follows:

Common Collective Trusts	$ 15,071
Mutual Funds	543,038
	$ 558,109

NOTE 4: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

NOTE 4: FAIR VALUE MEASUREMENTS *(continued)*

Level 2: Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other market means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2012:

	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds:				
Bond Funds	$1,472,686	$ -	$ -	$1,472,686
Index Funds	1,032,256	-	-	1,032,256
Lifecycle Funds	60,073	-	-	60,073
International Funds	350,924	-	-	350,924
Large Cap Equity Funds	2,070,929	-	-	2,070,929
Mid Cap Equity Funds	992,568	-	-	992,568
Small Cap Equity Funds	143,859	-	-	143,859
Common collective trust		1,013,703	-	1,013,703
Money market fund	528	-	-	528
Total investments at fair value	$6,123,823	$1,013,703	$ -	$7,137,526

NOTE 4: FAIR VALUE MEASUREMENTS *(continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2011:

	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds:				
Bond Funds	$1,136,260	$ -	$ -	$1,136,260
Index Funds	913,820	-	-	913,820
Lifecycle Funds	28,258	-	-	28,258
International Funds	376,546	-	-	376,546
Large Cap Equity Funds	2,003,124	-	-	2,003,124
Mid Cap Equity Funds	948,778	-	-	948,778
Small Cap Equity Funds	143,267	-	-	143,267
Common collective trust		1,004,206	-	1,004,206
Money market fund	2,950	-	-	2,950
Total investments at fair value	$5,553,003	$1,004,206	$ -	$6,557,209

NOTE 5: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6: INCOME TAX STATUS

The Plan obtained its latest determination letter on February 14, 2003, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 7: PARTY-IN-INTEREST TRANSACTIONS

During the year ended December 31, 2012, fees paid by the Plan or on behalf of the Plan for legal, accounting, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 8: PLAN WITHDRAWALS

At December 31, 2012, there were no funds allocated to Plan participants who had elected to withdraw from the Plan but had not been paid.

NOTE 9: SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 15, 2013 and found no significant events requiring disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

EIN 84-0572205 PN 002

December 31, 2012

(a)	(b) Indentity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Pimco Total Return ADM Fund	Mutual Fund	$ 1,451,398	$ 1,452,680
*	MSIF Mid Cap Growth P Fund	Mutual Fund	760,524	776,182
*	INVS Developing Markets A Fund	Mutual Fund	186,042	195,943
*	Columbia Dividend Income A Fund	Mutual Fund	282,679	279,970
*	RDGWTH Mid Cap Value I Fund	Mutual Fund	205,709	216,386
*	INVS International Growth I Fund	Mutual Fund	325,428	350,924
*	Janus Triton Fund	Mutual Fund	89,638	91,048
*	WF Stable Value Fund	Common/Collective Trust	982,306	1,013,703
*	Fidelity Contrafund	Mutual Fund	907,329	1,061,236
*	Fidelity Balanced Fund	Mutual Fund	524,460	533,780
*	Fidelity Freedom Income Fund	Mutual Fund	19,762	20,007
*	Fidelity Small Cap Discovery Fund	Mutual Fund	47,630	52,811
*	Fidelity Retire Money Market Fund	Money Market Fund	528	528
*	Fidelity Freedom 2040 Fund	Mutual Fund	24,215	24,485
*	Fidelity Freedom 2025 Fund	Mutual Fund	6,407	6,556
*	Fidelity Freedom 2035 Fund	Mutual Fund	15,096	15,360
*	Spartan Ext Mkt Index Adv Fund	Mutual Fund	242,006	253,317
*	Spartan 500 Index Adv Fund	Mutual Fund	741,718	778,939
*	Fidelity Freedom 2050 Fund	Mutual Fund	12,972	13,280
*	Fidelity Freedom 2055 Fund	Mutual Fund	388	392
	Participant Loans	Various maturity dates, interest 3.25% - 8.25%	-	77,248
				$ 7,214,775

Schedule C (FORM 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan
Hight Enterprises, Ltd 401(k) Savings Plan

B Three-digit plan number (PN): 002

C Plan sponsor's name as shown on line 2a of Form 5500
Hight Enterprises, LTD

D Employer Identification Number (EIN)
840572205

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) (●) Yes ( ) No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

042647786

Address1

Address2

City

State

Zip

Country

2 Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

Name: FIDELITY INVESTMENTS INSTITUTI

EIN: 042647786

Address1:

Address2:

City:

State:

Zip:

Country:

	(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
☐	64,37,65,60	RECORDKEE	1,038	◉ Yes ○ No	◉ Yes ○ No	0	○ Yes ◉ No

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

☐ Name: COLUMBIA DIV INC A - COLUMBIA M
EIN:
Add1: P.O. Box 8081
Add2:
City: Boston
State: MA
Zip: 02266-8081
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

☐ Name: EATON LG CAP VALUE A - BNY MEL
EIN:
Add1: P.O. BOX 9793
Add2:
City: PROVIDENCE
State: RI
Zip: 02940
Country:

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.50%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name	Add1	Add2	City	State	Zip	Country	EIN
INVS DEVELOP MKTS A - INVESCO	P.O. Box 4739		Houston	TX	77210-4739		

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.50%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name	Add1	Add2	City	State	Zip	Country	EIN
INVS INTL GROWTH R5 - INVESCO (	P.O. Box 4739		Houston	TX	77210-4739		

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation

Name	Add1	Add2	City	State	Zip	Country	EIN
JANUS TRITON T - JANUS SERVICE							431804048

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation			(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
☐ Name: MSIF MID CAP GRTH P - MORGAN S	Add1		0.40%
	Add2		
EIN: 133799749	City		
	State		
	Zip		
	Country		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation			(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
☐ Name: OAKMARK EQ & INC I - BOSTON FIN	Add1	P.O. BOX 8480	0.35%
	Add2		
EIN:	City	BOSTON	
	State	MA	
	Zip	02266	
	Country		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation			(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
☐ Name: PIMCO TOT RETURN ADM - BOSTO	Add1	P.O. BOX 8480	0.27%
	Add2		
EIN:	City	BOSTON	
	State	MA	
	Zip	02266	
	Country		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
☐ Name: RDGWTH MID CAP VAL I - BOSTON EIN: Add1: P.O. BOX 8480 Add2: City: BOSTON State: MA Zip: 02266 Country:	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
☐ Name: TCW SM CAP GRTH I - U.S. BANCOF EIN: Add1: P.O. BOX 701 Add2: City: MILWAUKEE State: WI Zip: 53201 Country:	0.35%

Schedule D (FORM 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). **File as an attachment to Form 5500.**	**2012**
Department of Labor Employee Benefits Security Administration		**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan
Hight Enterprises, Ltd 401(k) Savings Plan

B Three-digit plan number (PN) 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
Hight Enterprises, LTD

D Employer Identification Number (EIN)
840572205

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE: WF STABLE VALUE
(b) Name of sponsor of entity listed in **(a)**: WELLS FARGO BANK, N.A.
(c) EIN PN: 946751924001 **(d)** Entity code: C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions): 1,013,703

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:
(b) Name of sponsor of entity listed in **(a)**:
(c) EIN PN: **(d)** Entity code: **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions):

(a) Name of MTIA, CCT, PSA, or 103-12IE:

(b) Name of sponsor of entity listed in **(a)**

(c) EIN / PN **(d)** Entity code **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

(a) Name of MTIA, CCT, PSA, or 103-12IE

(b) Name of sponsor of entity listed in **(a)**

(c) EIN / PN **(d)** Entity code **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN

Schedule R (FORM 5500)

Department of the Treasury

Internal Revenue Service

Department of Labor
Employee Benefits
Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058 (a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning // and ending //

A Name of Plan
Hight Enterprises, Ltd 401(k) Savings Plan

B Three-digit plan number (PN): 002

C Plan sponsor's name as shown on line 2a of Form 5500
Hight Enterprises, LTD

D Employer Identification Number (EIN)
840572205

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions: 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 046568107

Profit sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year: 3

Part II Funding Information

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ○ Yes ○ No ○ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver: Month Day Year

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year: 6a

b Enter the amount contributed by the employer to the plan for this plan year: 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount): 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ○ Yes ○ No ○ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ○ Yes ○ No ○ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box ○ Increase ○ Decrease ○ Both ○ No

Part IV ESOPs

(See Instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ○ Yes ○ No

11a Does the ESOP hold any preferred stock? ○ Yes ○ No

11b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" ☐ Yes ☐ No

loan?(See instructions for definition of "back-to-back" loan.)

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

☐ Yes ☐ No

HIGHT ENTERPRISES, LTD.
401(k) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

EIN 84-0572205 PN 002

December 31, 2012

(a)	(b) Indentity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Pimco Total Return ADM Fund	Mutual Fund	$ 1,451,398	$ 1,452,680
*	MSIF Mid Cap Growth P Fund	Mutual Fund	760,524	776,182
*	INVS Developing Markets A Fund	Mutual Fund	186,042	195,943
*	Columbia Dividend Income A Fund	Mutual Fund	282,679	279,970
*	RDGWTH Mid Cap Value I Fund	Mutual Fund	205,709	216,386
*	INVS International Growth I Fund	Mutual Fund	325,428	350,924
*	Janus Triton Fund	Mutual Fund	89,638	91,048
*	WF Stable Value Fund	Common/Collective Trust	982,306	1,013,703
*	Fidelity Contrafund	Mutual Fund	907,329	1,061,236
*	Fidelity Balanced Fund	Mutual Fund	524,460	533,780
*	Fidelity Freedom Income Fund	Mutual Fund	19,762	20,007
*	Fidelity Small Cap Discovery Fund	Mutual Fund	47,630	52,811
*	Fidelity Retire Money Market Fund	Money Market Fund	528	528
*	Fidelity Freedom 2040 Fund	Mutual Fund	24,215	24,485
*	Fidelity Freedom 2025 Fund	Mutual Fund	6,407	6,556
*	Fidelity Freedom 2035 Fund	Mutual Fund	15,096	15,360
*	Spartan Ext Mkt Index Adv Fund	Mutual Fund	242,006	253,317
*	Spartan 500 Index Adv Fund	Mutual Fund	741,718	778,939
*	Fidelity Freedom 2050 Fund	Mutual Fund	12,972	13,280
*	Fidelity Freedom 2055 Fund	Mutual Fund	388	392
	Participant Loans	Various maturity dates, interest 3.25% - 8.25%	-	77,248
				$ 7,214,775

DISASTER DESIGNATION: FLOOD

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110
1210 - 0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for: [ ] a multiemployer plan; [X] a single-employer plan; [ ] a multiple-employer plan; or [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report; [ ] an amended return/report; [ ] the final return/report; [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D Check box if filing under: [ ] Form 5558; [ ] special extension (enter description) [X] automatic extension; [ ] the DFVC program;

Part II Basic Plan Information - enter all requested information

1a Name of plan
HIGHT ENTERPRISES, LTD. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)

HIGHT ENTERPRISES, LTD.

PAUL GOMEZ

2525 ARAPAHOE

BOULDER CO 80302

SIGN HERE

2b Employer Identification Number (EIN) 84-0572205

2c Sponsor's telephone number 303-443-1822

2d Business code (see instructions) 444130

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Paul Gomez, CFO	12/02/2013	PAUL GOMEZ, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Paul Gomez, CFO	12/02/2013	PAUL GOMEZ, CFO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

RICK WAIDLER
R. WAIDLER & ASSOCIATES, P.C.
3005 CENTER GREEN DRIVE, SUITE 215
BOULDER CO 80301

Preparer's telephone number (optional) 303-442-6800

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [X] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	253
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	222
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	235
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	121
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2H 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] ____ **A** (Insurance Information)
- (4) [ ] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)